

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

D

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/	/			
2		/		/			52	/		/			
3		2		2			53		/	/			
4		2		2			54		/	/			
5		2		2			55	/		/			
6	/		/				56		/	/			
7	/		/				57	/		/			
8	/		/				58		/	/			
9		/		/			59	/		/			
10		/		/			60		/	/			
11	/						61	/		/			
12		/		/			62		/	/			
13		/		/			63		/	/			
14		/		/			64		/	/			
15	/						65		/	/			
16		/		/			66		/	/			
17		/		/			67		/	/			
18		/		/			68		/	/			
19		/		/			69		/	/			
20		/		/			70		/	/			
21	/						71		/	/			
22		/		/			72		/	/			
23		/		/			73		/	/			
24		/		/			74		/	/			
25		/		/			75		/	/			
26		/		/			76		/	/			
27		/		/			77		/	/			
28		/		/			78		/	/			
29		/		/			79		/	/			
30		/		/			80						
31		/		/			81						
32		/		/			82						
33		/		/			83						
34		/		/			84						
35		1		1			85						
36		2		2			86						
37		2		2			87						
38		2		2			88						
39	/		/				89						
40	/		/				90						
41	/		/				91						
42	/		/				92						
43		/		/			93						
44		2		2			94						
45		2		2			95						
46		2		2			96						
47	/		/				97						
48		/		/			98						
49		/		/			99						
50		/		/			100						
TOTAL IND.	17		15				TOTAL IND.	5		5			
TOTAL DEP.	53		53				TOTAL DEP.			77			
TOTAL CLAIMS	70						TOTAL CLAIMS			82			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS